

Control Device Form 2004

Permit Number: _____

1	2	3	4	5	6
Control ID	Installation/ Reconstruction* Date	Size or Rated Capacity**	Control Type Code	Control Device Name/Description	Stack ID (if applicable)
		cfm			
		cfm			
		cfm			
		cfm			
		cfm			
		cfm			
		cfm			
		cfm			
		cfm			
		cfm			
		cfm			
		cfm			
		cfm			
		cfm			

* Reconstruction means any component of the control device was replaced and the cost (fixed capital) of the new component(s) was more than half of what it would have cost to purchase or construct a new control device.

** Air or water flow rate in cubic feet per minute.